Multiple Lung Cysts Due to *pneumocystis jirovecii* Pneumonia

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**Key words:** *Pneumocystis jirovecii* pneumonia, multiple lung cysts, HIV

A 43-year-old man presented with fatigue and weight loss. He was diagnosed with HIV, but antiretroviral therapy was discontinued. Physical examination demonstrated oral thrush, but no other abnormal findings. Blood tests revealed a CD4 cell count of 77/μL and HIV-RNA of 7.7×10⁵ copies/mL. A chest computed tomography (CT) scan showed diffuse ground-glass opacities and multiple cysts with mediastinal lymphadenopathy (Picture 1A). Bronchoscopy with broncoalveolar lavage (BAL) and endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) of the lymph node was performed. Cytology of BAL revealed granulomatous lesions. A lymph node from which a specimen was obtained by EBUS-TBNA revealed granulomas and cysts of *pneumocystis jirovecii* (Picture 2A, B). Acid-fast stain and mycobacterial cultures of these specimens were negative. Sulfamethoxazole-Trimethoprim was initiated and a follow-up CT scan revealed shrinkage of these lesions one month later (Picture 1B). Chronic *pneumocystis jirovecii* pneumonia (PCP) has been associated with forming cysts (1). Additionally, granulomatous PCP is a rare histopa-
thologic finding that may be associated with the host immune response (2).

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References


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